

NEWTON PARKS & RECREATION DEPARTMENT

Albemarle Acres Summer Program

Registration - 2013

Name _____ School _____ Fall '13 Grade _____ DOB _____

Address _____ City _____ Zip _____

Parent(s) _____ Phone (H) _____

Email _____ Phone (W) _____

T SHIRT SIZE: Youth Sm _____ Youth Med _____ Youth Lg _____ Adult Sm _____ Adult Med _____ Adult Lg _____

Is your child taking any medication that needs to be administered at Albemarle Acres?

_____ daily medication _____ Inhaler _____ epi pen _____ allergic to _____

DATES (check weeks you wish to attend)

Hours (circle one)

Week One:	July 1 - July 3	_____ (no camp on July 4 or 5)	
Week Two:	July 8 - July 12	_____	Standard Day 8:30 - 3:30
Week Three:	July 15 - July 19	_____	
Week Four:	July 22 - July 26	_____	Extended Day 8:00 - 5:00
Week Five:	July 29 - August 2	_____	
Week Six:	August 5 - August 9	_____	Extended Till 6 8:00 - 6:00
Week Seven:	August 12 - August 16	_____	
Overnight Week:	August 5 - August 9	_____ (for campers going into 5 th and 6 th grade only)	

TUITION – Fees listed are per child per week. Non Residents may register starting March 1

	<u>Standard Day</u>	<u>Extended Day</u>	<u>Extended Till 6</u>	<u>Overnight Week</u>
Residents	\$160.00/week	\$205.00/week	\$225.00/week	\$525.00
Non Residents	\$170.00/week	\$215.00/week	\$235.00/week	\$575.00

Week 1 is \$60.00 less and will not run on Thursday or Friday. Also subtract \$20.00 if signed up for extended day week 1. A \$25.00 late fee will be assessed for any registrations, paperwork or payments received after May 15, 2013.

TOTALS

Cost per Week x _____ Weeks \$ _____
Plus Late Fee if applicable

Deposit due with Registration (\$30.00 per week) \$ _____

A \$30.00 non refundable deposit is due **per week** with the registration and will be deducted from the total due.

Balance Due by 5/15/13: \$ _____

Please fill out both sides of this form and return it with payment (checks made payable to City of Newton) to:
Newton Parks and Recreation * Attn: Channon Ames * 124 Vernon St * Newton, MA 02458

Albemarle Acres Credit Card Payment Form

Payment may also be made by Credit Card (Master Card or Visa). Please fill out the information below to pay by credit card.

Last Name	First Name	Home Phone	Work Phone
			\$
Street	City	State	Zip Code
			Amount
		Visa	Master Card
Credit Card Number	Expiration Date		

**Newton Parks and Recreation Department Albemarle Acres Summer Program
Medical Release Form - 2013**

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child _____. However, if I cannot be reached, I hereby authorize the Albemarle Acres Summer Program to transport my child to the Newton Wellesley Hospital, or _____ Hospital for day camp and New Milford Hospital in CT for overnight camp via Emergency Vehicle, and to secure for my child the necessary medical treatment. I understand that designated staff members at the Albemarle Acres Summer Program are trained in the basics of First Aid and Cardio-Pulmonary Resuscitation, and I authorize them to administer immediate First Aid to my child when appropriate.

Signature of Parent(s)/Guardian(s)

Date

Parental Consent Release From Liability and Indemnity For Participation In The Newton Parks And Recreation Department's Albemarle Acres Summer Program

I/We, the undersigned parent(s) or guardian(s) of _____, a minor, do hereby consent to his/her participation in, and field trips with the Albemarle Acres Summer Program. I/WE forever RELEASE, acquit, discharge and covenant to hold harmless the City of Newton, a municipal corporation of the Commonwealth of Massachusetts, and its successors, departments, officers, employees, servants and agents, of and from any and all actions, causes of actions, claims, demands, damages, costs, loss of services, expenses and compensation on account of, or in any way growing out of, directly or indirectly, all known and unknown personal injuries or property damages which I/WE may now or hereafter have as the parent(s) or guardian(s) of said minor, and also all claims or rights of actions or damages which said minor has or hereafter may acquire, either before or after his/her participation in, and field trips with, the Albemarle Acres Summer Program. FURTHERMORE, I/WE hereby agree to protect the City of Newton and its successors, departments, officers, employees, servants and agents against any and all claims for damages, compensation or otherwise on the part of said minor growing out of or resulting from injury to said minor in connection with his/her participation in, and field trips with, the said Albemarle Acres Summer Program and to INDEMNIFY, reimburse or make good to the City of Newton or its successors, departments, officers, employees, servants and agents any loss or damage or cost, including attorney's fees, the City of Newton or its representatives may have to pay if any litigations arise from said minor's participation in and field trips with, the said Albemarle Acres Summer Program.

Signature of Parent(s)/Guardian(s)

Relationship

Date

Witness

THIS FORM MAY NOT BE ALTERED

Albemarle Acres Summer Program - PHOTO RELEASE

I/WE, the parent(s) or guardian(s) of _____ do hereby grant permission for pictures to be taken of my child for the purpose of publicity for the Albemarle Acres Summer Program. I understand that photo's may be published in local papers, on the website, or in future brochures for the Newton Parks and Recreation Department and the Albemarle Acres Summer Program.

Signature of Parent(s)/Guardian(s)

Date